

FILED MAR 20 1942

Registration District No. 20

Primary Registration District No. 3026

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
722 1/2 Washington /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 36 Yrs. (Specify whether  
In this community. 36 Yrs.  
years, months or days)

3. (a) PRINT FULL NAME Oliver Place VanBuskirk

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie Van Buskirk 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased June 3 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 9 1 hr. min.

9. Birthplace Putnam County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Delivery

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name I. M. Van Buskirk  
13. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Blackman  
15. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Van Buskirk

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 3-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lucerne, Mo.

18. (a) Signature of funeral director F. B. Norman Funeral Home While at work? \_\_\_\_\_ (Specify type of place)  
(b) Address Chillicothe, Mo. (c) Manner of injury \_\_\_\_\_

19. (a) MARCH 5 (b) LOU-ELLA CURRY  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 722 1/2 Washington  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1942 hour 6 minute 57 a.m.

21. I hereby certify that I attended the deceased from  
Nov. 24 1941 to March 4, 42 1942  
that I last saw h. in alive on March 3, 1942 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 5 mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 468

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: \_\_\_\_\_

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Chillicothe, Mo. Date signed 3/4/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 26 1962

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Elton F. and E. R. Norman (2374)....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No..... 4036

P. O. Address..... Chillicothe, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**